

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10-608-077

FILING DATE

06-30-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	1					
7	1					
8	1					
9	4					
10	4					
11	4					
12	4					
13	4					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	27	←	→	→	←	→
TOTAL CLAIMS	31	[Shaded]	[Shaded]	[Shaded]	[Shaded]	[Shaded]

1	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.		←	→	→	←	→
TOTAL CLAIMS		[Shaded]	[Shaded]	[Shaded]	[Shaded]	[Shaded]